



State of Connecticut
Department of Banking
Consumer Credit Division
260 Constitution Plaza, Hartford, CT 06103



REQUEST FOR CHANGE OF OFFICER FORM
Check Cashing Services

Form may be used to add or delete officers/directors, members or partners.

Instructions:

1. Please provide **full given name, full residential address and date of birth** of officer or director, member or partner.
First initials of officer or director, member or partner or P. O. Box address will not be acceptable.
2. A **Personal and Business History Statement** will need to be completed for every **new** officer.
3. If applicable, please complete **Request for Change of Stockholder Form**.
4. Any questions, please contact Jean Wright 860-240-8209 or via e-mail at jean.wright@ct.gov.

Company Name: _____ License Number(s) _____
DBA Name (if applicable) _____

PRESENT OFFICER SET-UP			
Full Given Name	Title	Residential Address	Date of Birth

PROPOSED OFFICER SET-UP			
Full Given Name	Title	Residential Address	Date of Birth

Name of person completing this form _____ Date: _____

Telephone # _____ E-mail Address _____



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Company_____

PERSONAL AND BUSINESS HISTORY STATEMENT

(Application for Check Cashing Service License)

1. Name_____
2. Residential Address_____
3. Title or Position with Applicant_____
4. Date of Birth - _____ Social Security Number_____
- MM/DD/YY
5. Place of Birth_____U.S. Citizen_____
6. Education (state fully amount of technical or professional training, if any, and where obtained).

7. Give a chronological listing of all employment over the past 20 years. Do not list positions held less than 6 months. If unemployed at any time for more than 6 months, state when or how long and for what reason (attach additional sheets if necessary).

<u>Name of Employer and Address</u>	<u>From</u>	<u>To</u>	<u>Type of Business</u>	<u>Your Position</u>

8. a. Have you ever been refused any license by the Department of Banking or any other governmental body?_____
- b. After such license was granted, was same ever suspended or revoked?_____
- c. Has application for any such license ever been withdrawn?_____
- d. Is there any litigation pending against you or any firm or company of which you are now a partner, officer, director or manager?_____
- e. Were you ever a partner, officer, director or manager of any firm or company which was adjudicated a bankrupt or for which a receiver was appointed either during the time or within one year after you were so connected therewith?_____
- f. Have you ever been charged in any suit with any fraudulent or illegal acts in any transaction of any kind or character?_____
- g. Have you ever been convicted of any crime (not including motor vehicle traffic misdemeanors)?_____

If your answer to any of the foregoing questions is "yes", explain the circumstances fully (**attach additional sheets if necessary**).

9. What experience have you had in the money service business?

Signed _____

State of _____

County of _____

On this _____ day of _____, 20_____, personally appeared _____ to me known and known by me to be, the signer of the foregoing instrument, who being first duly sworn upon oath, deposes and says that he/she has read, signed and knows the contents thereof, and that the alleged facts therein contained are true to his/her knowledge.

Notary Public

My Commission Expires _____